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| VDHlogo.gif<http://vdhweb/Procurement/Forms.htm> | James Madison Building109 Governor StreetRichmond, VA 23219 |

**Agreement for Pre-Tax Parking Fee Program Form**

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| **Employee Information (please print):** |
| **First Name:**  | **MI:**  | **Last Name:**  |
| **Employee/Payroll ID Number:**  |
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| **Deduction will reflect paycheck dated:**  |
| **Employment Status:**  |

I understand that as of the date above, my semi-monthly taxable income will be reduced by half the current monthly parking rate. I also understand that the amount will change if there is a change in the DGS published parking fee rate. This agreement is legally binding and may not be terminated until I complete another Agreement for the Pre-Tax Parking Fee Program Form or my employment is terminated.

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| **Employee Signature:** | **Date:** |

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| **For OPGS and OCME use only:** |
| Lot Number: | Permit Number: |
| Date Permit Issued/Returned:  | Date Form Submitted to Payroll: |
| **Location: (Circle One)** |
| Central Office | Richmond City | OCME |